



Commonwealth of Massachusetts
Department of State Police, Certification Unit
485 Maple Street, Danvers, Massachusetts 01923
(978) 538-6128 voice
(978) 538-6021 fax

RENEWAL APPLICATION FOR APPOINTMENT AS A SPECIAL STATE POLICE OFFICER

THIS APPLICATION IS IN ACCORDANCE WITH THE PROVISIONS OF MGL C.22 SS _____. EVERY APPLICANT MUST BE A CITIZEN OF THE UNITED STATES. YOU MUST ANSWER EACH QUESTION FULLY ON BOTH SIDES OR COMPLETE PACKAGE WILL BE RETURNED TO REQUESTING AGENCY. MAIL RENEWAL APPLICATION ALONG TO THE ABOVE ADDRESS.

EMPLOYEE INFORMATION: (Please print or type)

1. NAME _____
(first, middle, last)

2. HOME ADDRESS _____
(Street & No.) (City, State) (Zip Code)

3. DATE OF BIRTH _____ PLACE OF BIRTH _____

4. HOME PHONE NUMBER () _____

5. SOCIAL SECURITY NUMBER _____ ARE YOU A CITIZEN _____

6. IF NATURALIZED, CERTIFICATE NUMBER _____

7. PREVIOUS WARRANT# _____ EXPIRATION DATE _____

8. WHAT IS YOUR ORIGINAL LICENSE ISSUE DATE? _____

9. SINCE LAST ISSUE OF WARRANT, HAVE YOU SUCCESSFULLY COMPLETED ALL REQUIRED IN-SERVICE TRAINING? _____ COMPLETION DATE _____

8. SINCE LAST ISSUE OF LICENSE, HAVE YOU BEEN CONVICTED OF A CRIME? YES ___ NO ___ IF SO, ENUMERATE IN SPACE PROVIDED BELOW:

DATE	WHERE & IN WHAT COURT	RESULT OF ACTION

I hereby declare that the statements and answers herein contained are true.
I understand that any false statements is reason for rejection.

Pursuant to Massachusetts General Law, Chapter 62C, Section 49A, I certify under the penalties of perjury that to my best knowledge and belief, I have complied with all laws of the Commonwealth relating to taxes.

Signature of Applicant

Employer Information:

In accordance with the applicable provisions of Massachusetts General Law, we request the

appointment of _____
As a Special State Police Officer.

In consideration of the Appointment of _____
an employee of _____ as a special state police officer

by the Colonel of the Department of State Police, The Employer _____
hereby agrees to indemnify and hold harmless the Colonel and/or the Department of State Police against any and all damages and liability resulting from or in consequence of the negligent or wrongful act or omission of the above named special state police officer while acting within the scope of his/her office, employment or commission.

Agency: _____ Phone number: _____

Signature and Title of Agent responsible for requesting Special State Police Officer appointments at Agency Date

Each applicant must be forwarded by the requesting agency.

Along with this application, Agency must submit training academy certificates and fingerprint cards as required by MGL Chapter 22c Sections 51-69 and CMR 5.05.

Each question must be answered in full on both sides of this application or the entire package will be returned to requesting agency.